

**SPECIALIZED MEDICAL ASSISTANCE RESPONSE TEAM – S.M.A.R.T.
ENROLLMENT FORM**

PLEASE PRINT

Date: _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager &/ Fax: _____

Primary E-Mail: _____ Alt E-Mail: _____

Date of Birth: _____ Citizenship: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Employer: _____

Job Title: _____

Non – Medical Volunteer

Medical Volunteer (check if applicable)

- Physician Physician Specialty: _____
- Physician's Assistant
- Veterinarian Veterinarian Technician
- Dentist Dental Assistant
- Nurse RN LPN Practitioner PHN
- Mental Health Provider Social Worker Psychologist Canine Therapy
- Pharmacist Pharmacy Technician
- Firefighter
- EMT Basic Intermediate Paramedic

License Number: _____ License Expiration Date: _____

Student Retiree

Second Language _____ Special Skills: _____

Yes, I am willing to deploy outside of Erie County, New York

How did you hear about us? _____

Please fax this form to: Erie County Public Health Emergency Preparedness @ 716-858-7121

Email to: Sean Crotty@erie.gov

or mail to: Erie County Health Department, S.M.A.R.T., 95 Franklin St., Buffalo N.Y., 14202